Medicaid Revitalization Committee

Public Comment
August 2, 2006

First, do no harm!

- We want to emphasize that our focus is on the welfare of the consumers and their ability to access services and supports which meet their needs
- The population we serve is a unique population with mental illness, mental retardation or dual diagnosis, including individuals supported by both the Community Services Boards and the network of private providers. This population are individuals with varying degrees of disability who benefit from (and virtually survive because of) supports received from their Case Managers and their service providers
- The challenge of enrolling the dual eligibles in an appropriate Medicare Part D prescription plan that would continue to meet their needs over time is a perfect example of the work done by the Case Managers and the residential service providers – the transition went relatively well for most, but only because of the effort expended by the Case Managers and the service providers
- We recognize that our population falls into that slice of your pie chart which is low in number and high in cost – please be cautious about thinking that there may be quick fixes with changes in services or access to services with this population most of whom, without the supports they have now, would be in state facilities at a far greater cost to Virginia.

Many of the “considerations” on your list would create challenges for our consumers –

- Creation of an incentive structure to promote increased personal responsibility may be less than successful with consumers who find basic living skills a challenge
- Effective utilization of enhanced benefit accounts or utilization of direct electronic access to those accounts would be difficult for consumers who are mentally challenged and lack internet access or transportation to acquire access

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- This is also a population that find it very difficult to anticipate service needs – remember the earlier comment about Medicare Part D

One of the DRA optional "considerations" also gives us great concern for our population – Alternative Premiums and Cost Sharing

- While many of our consumers fall below 100% of the Federal Poverty Level (currently $817 per month for a family of one) a few might be subject to cost sharing as described in the DRA as a state option
- For those who have just achieved a "victory" by having the PMA raised to 165% of base SSI rate (in 2006 from $603 to $995) it would be a shame to lose what they had gained by being given the opportunity to "share" the cost!

Another DRA option was not on the list presented at the last meeting for "consideration" –

- The option of covering HCBS under the State Plan is one we would like to see discussed to assess the benefits or risks to consumers.
- It may be worth considering for those individuals with mental illness and currently do not have Medicaid funded access to many services
- While it does have a more stringent eligibility criteria than a HCBS Waiver (150% vs 300% FPL) it would add services, partially funded by the Federal government, that do not exist today

Again, do no harm – we support a fragile population in an even more fragile system

- The CSBs and network of private providers are the strength of the system and are frequently all that stand between the consumers living in the community and institutionalization (at a far greater cost to Virginia)
- We support the efforts of this committee and of DMAS and will actively assist in any way possible, but please, do no harm!

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